



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
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BOARD OF COSMETOLOGY AND BARBERING  
VERIFICATION OF COMPLETION OF APPRENTICESHIP

*The following information must be forwarded by the licensed supervisor to the Board of Cosmetology and Barbering upon completion or termination of an apprentice program.*

Official notice is hereby given that \_\_\_\_\_,  
(Apprentice) (Apprentice number)

has completed / terminated (circle one) his/her apprenticeship training as a

COSMETOLOGIST \_\_\_\_\_ NAIL TECHNICIAN \_\_\_\_\_ BARBER \_\_\_\_\_  
AESTHETICIAN \_\_\_\_\_ ELECTROLOGIST \_\_\_\_\_

conducted at: Name of Shop \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip)

Telephone number ( ) - \_\_\_\_\_

The above named apprentice worked under my supervision from:

\_\_\_\_\_ to \_\_\_\_\_ and completed \_\_\_\_\_ of hours.  
Month - Year Month - Year Number

\_\_\_\_\_  
Supervisor's Name (Please Print) DE License Number

\_\_\_\_\_  
Supervisor's Signature Date

**ATTACH APPRENTICE'S OFFICIAL PERMIT WHEN SUBMITTING THIS FORM TO THE BOARD.**

Weekly,Bi-Weekly  
Or Monthly-  
Date

Total Hours Worked

Supervisors Signature

Apprentice Signature



Revised: 7/15/2005